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CONFIRMATION NO. 9667

<b>SERIAL NUMBER</b> 09/929,426	<b>FILING OR 371(c) DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 083	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> SDT 301
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/225,056 08/14/2000 and claims benefit of 60/225,057 08/14/2000  
 and claims benefit of 60/225,058 08/14/2000  
 and claims benefit of 60/225,059 08/14/2000  
 and claims benefit of 60/225,089 08/14/2000  
 and claims benefit of 60/225,094 08/14/2000  
 and claims benefit of 60/225,169 08/14/2000  
 and claims benefit of 60/225,170 08/14/2000  
 and claims benefit of 60/225,200 08/14/2000  
 and claims benefit of 60/225,201 08/14/2000  
 and claims benefit of 60/225,206 08/14/2000  
 and claims benefit of 60/225,210 08/14/2000  
 and claims benefit of 60/225,211 08/14/2000  
 and claims benefit of 60/225,212 08/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*USne*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 09/21/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 6
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**ADDRESS**  
27630

**TITLE**  
Detection system for power equipment

<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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